

COUNTRY PROFILE: ZAMBIA

ZAMBIA COMMUNITY HEALTH PROGRAMS
DECEMBER 2013









Advancing Partners & Communities

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JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor Arlington, VA 22209 USA Phone: 703-528-7474

Fax: 703-528-7480

Email: info@advancingpartners.org
Web: advancingpartners.org

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^{*} Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS acquired immunodeficiency syndrome

CBD community based distributors
CHV community health volunteers
CHW community health workers

DMO District Medical Office

DMPA (IM) injectable contraceptive Depo-Provera

DOTS directly observed therapy, short-course

FAM fertility awareness methods

FP family planning

HIV human immunodeficiency virus

IRS indoor residual spraying

IUD intrauterine device

MCDMCH Ministry of Community Development, Mother and Child Health

MCH maternal and child health

MOH Ministry of Health

NCHWP National Community Health Worker Program
NCHWS National Community Health Worker Strategy

NGO nongovernmental organization

NHC Neighborhood Health Committee

ORS oral rehydration solution

PMTCT prevention of mother-to-child transmission (of HIV)

PPH postpartum hemorrhage SDM standard days method

SP sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)

TB tuberculosis

VCT voluntary counseling and testing (HIV)

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organization (NGOs), combination, etc.)? Please list all that you are aware of. *If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.	The National Community Health Worker Program (NCHWP) is the national community health program in Zambia. It is supervised by both the Ministry of Community Development, Mother and Child Health (MCDMCH) and the Ministry of Health (MOH).
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	Community-based health service delivery is mentioned in the <u>National Health Strategic Plan 2006-2010</u> (<u>NHSP IV</u>), but the specific role of community health workers (CHWs) and the scope of the NCHWP was not articulated until the <u>National Community Health Worker Strategy (NCHWS)</u> , published in 2010. A pilot project started at that time. Currently, the pilot phase is ending and the program is beginning to scale up.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? Please note specific districts/regions, if known.	The program will operate in rural areas nationwide.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	In 2010, the pilot phase was implemented in seven provinces and trained 318 CHWs. According to the National CHW Strategy 2010, the program will begin a formal national launch, following the pilot (around January 2014) and will begin the next phase of scale-up. In total, the scale-up plan has a total of four phases. Each phase has two training intakes per year, will cover nine new provinces, and will train an additional 224 CHWs. Using this timeline, the NCHWP will be fully functional across the country by 2018 and 5,214 CHWs will be trained.
5	Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region?	The NCHWP provides community empowerment and outreach, health promotion and prevention, basic curative services, and identification of referral cases. The program also distributes commodities at the community level. CHWs provide these services for family planning (FP), tuberculosis (TB), and a range of chronic diseases and conditions. These services are defined in the NCHWP strategy and do not vary by region.
6	Are FP services included in the defined package, if one exists?	Yes, FP services are included in the defined service package.
7	Please list the FP services and methods delivered by CHWs.	The program provides counseling on a range of FP methods and side effects; distributes natural FP methods, condoms, emergency contraceptives, and oral pills; and refers for other methods. Though oral pills are distributed, CHWs can only provide the initial supply and two additional months. When a fourth month of oral pills is needed, clients must be seen at a health center for a clinical review. CHWs are then able to provide all subsequent months of supply. In addition, injectable contraceptives are provided in two districts on a pilot basis.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	CHWs spend 20% of their time at the health post and 80% in the community; the majority of services are delivered door-to-door.

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¹ The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	The NCHWP uses two cadres of health workers: Formalized community health workers (Formal CHWs) are trained by the MOH. Informal community health volunteers (Informal CHVs) work within the NCHWP, but are supported by NGOs.			
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Tasks vary among CHWs depending on their training and whether they are directly supervised by the MOH or NGOs.			
11	Total number of CHWs in program?	Formal CHWs	Informal CHVs		
	Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	As of 2012, there are 370 Formal CHWs. Once the program is fully scaled there will be 5,214 Formal CHWs nationwide.	According to an MOH Situational Analysis in 2009, there were an estimated 23,500 Informal CHVs.		
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	Formal CHWs & Informal CHVs Both cadres have the same criteria. CHWs and CHVs must have a minimum of a grade 12 education and completion of two "0" level courses; be 18 to 45 years old; be a Zambian citizen; live in the catchment area; be endorsed by the Neighborhood Health Committee (NHC); and pass a personal interview with a panel composed of the NHC, health center staff, and a member of District Medical Office (DMO). In addition, preference is given to female applicants.			
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	Formal CHWs Formal CHWs receive a 12-month training comprised of theoretical-based training as well as practical experience at selected health facilities and communities. During training, Formal CHWs receive supervision by CHW tutors and selected MOH staff at health facilities during theoretical training.	Informal CHVs Training varies based on the implementing NGO.		

14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	Formal CHWs Formal CHWs receive comprehensive training at one time. Training includes modules on: Health care system Behavioral sciences Health promotion and counseling Environmental health and infection prevention Disease prevention, control, and primary health care Reproductive and child health Introduction to the human body Basic procedures	Informal CHVs Training of Informal CHVs varies based on the implementing NGO.
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Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).

Formal CHWs

Formal CHWs provide health promotion, prevention, and curative services. Promotion services include information and education, and health advocacy within the community; reproductive and maternal child health services including immunizations, growth monitoring, family planning, nutrition, and antenatal and postnatal care; and school health interventions such as health information, screening, nutrition, and mass drug administration at schools.

Preventive activities include environmental health campaigns and screening programs in schools.

Lastly, curative services include primary care services; administration of specified drugs to patients; wound care; first aid and common surgical conditions; treatment of common medical problems such as malaria, diarrhea, and respiratory infections; simple diagnostic procedures for tuberculosis and malaria; and providing referrals for additional services.

In addition, Formal CHWs provide community mobilization for disease outbreak identification and distribute some health commodities within their communities.

Informal CHVs

The health services provided by Informal CHVs depend on the implementing NGO. Some CHVs provide community based distributor (CBD) services for injectable contraceptives. 2 Other CHVs provide TB services including infection management and treatment.

² 72 community based distributors (CBDs) of injectables, trained by ChildFund, are working in Luangwa and Mumbwa Districts.

16	Please list which family planning		Formal CHWs		Informal CHVs ³	
	services are provided by which cadre(s), as applicable.	Information/ education	Standard days method (SDM), corpills, injectables, intrauterine device implants, emergency contraception permanent methods	ces (IUDs),	Standard days method, condoms, oral pills, injectables, IUDs, implants, emergency contraception, and permanent methods	
		Method counseling	injectables, IUDs, implants, emergency		Standard days method, condoms, oral pills, injectables, IUDs, implants, emergency contraception, and permanent methods	
		Method provision	Standard days method, condoms, oral pills (first three cycles, and subsequent cycles after client review at health center), and emergency contraception		Injectables (for CHVs trained as CBDs in Luangwa and Mumbwa Districts), condoms, and provision of first three cycles of oral pills for new clients and subsequent cycles after client is reviewed at health facility	
		Referrals	Injectables, IUDs, implants, and permanent methods		IUDs, implants, emergency contraceptives and permanent methods	
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/ products?	Formal CHWs Distribute condoms, oral contraceptives, emergency contraceptives, oral rehydration solution (ORS), zinc, malaria treatment, and antibiotics for respiratory infections		Informal CHVs Some distribute injectable contraceptives and directly observed therapy, short-course (DOTS) for treatme TB. Informal CHVs may distribute other commodities however this depends on the implementing NGO.		
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	Formal CHWs Formal CHWs who complete training receive an incentive of K500,000 per month (US\$92,000). If CHWs are found to be cost effective after the pilot period, they will be added as formal civil service employees.		Informal CHVs Informal CHVs receive in-kind support such as bikes, t-shirts, raincoats and umbrellas. Specific incentives differ across CHVs and are dependent on the implementing NGO.		

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³ Informal CHVs trained as CBDs provide injectable contraceptives. Training for CBDs varies from two weeks to one year. Some NGO-supported CBDs receive the formal MOH training plus additional three week DMPA training.

19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	Formal CHWs The MOH	Informal CHVs Implementing NGOs		
20	Do CHWs work in urban and/or rural areas?	Both Formal CHWs and Informal CHVs work in rural areas.			
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Both Formal CHWs and Informal CHVs must be residents of the communities they serve.			
22	Describe the geographic coverage/ catchment area for each CHW.	Formal CHWs Two Formal CHWs are assigned to each health post. Health posts are intended to cover 500-1000 households within five kilometers of the health facility. Thus, each Formal CHW serves 250-500 households.	Informal CHVs Information unavailable		
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	Both Formal CHWs and Informal CHVs walk and use bicycles to reach their clients.			
24	Describe the CHW role in data collection and monitoring.	Formal CHWs Formal CHWs collect community level health data on a monthly basis that is submitted at the District level to the District Health Information System.	Informal CHVs Information unavailable		

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	The NCHWP has a decentralized management system. The system is divided into: Ministry of Community Development, Mother, and Child Health Provincial Community Medical Office District Hospital/District Medical Office Health centers Health posts.				
26	Is the MOH responsible for the program, overall?	Yes, the MOH provides the political guidance of the program and the MCDMCH provides implementation oversight.				
27	What level of responsibility do regional, state, or local governments have for the program, if any? Please note responsibility by level of municipality.	The Provincial Community Medical Office coordinates the implementation of the program, with a particular focus on training and maintenance of the service delivery guidelines. Formal CHWs are supervised at the health center level. The supervisor and associated health center are chosen by the District Medical Office. Local governments do not have any direct responsibility over Informal CHVs, though implementing NGOs must follow provincial service delivery guidelines.				
28	What level of responsibility do international and local NGOs have for the program, if any?	NGOs provide training and supervision of the Informal CHV cadre and some additional training and support to Formal CHWs.				
29	Are CHWs linked to the health system? Please describe the mechanism.	Formal CHWs are directly linked to the health system through training, position appointment, supervision, and data collection. Informal CHVs work outside of the formal health system, though follow MOH and MCDMCH policy and regulations.				
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	Formal CHWs are supervised directly by the Staff In-charge at the nearest health center; this person is indicated by the DMOs. Supervision occurs on a monthly basis. During supervisory visits, supervisors fill out assessment forms and provide feedback to the CHWs as well as submit forms to the Provincial CHW Coordinator (one per province). Aggregate supervision data is submitted to the MCDMCH by the Provincial CHW Coordinator. Supervision of Informal CHVs varies based on implementing NGO.				

31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	Clients are referred to the nearest health center or hospital, depending on the services needed. In some areas, Informal CHVs may also refer clients to Formal CHWs for services they cannot provide.					
32	Where do CHWs refer clients specifically for FP services?		Formal CHWs	Informal CHVs			
	Please note by method.	SDM/fertility awareness methods (FAM)	Not applicable	Health center or Formal CHW			
		Condoms	Not applicable	Not applicable			
		Oral pills	Not applicable	Health center for review after 3 rd cycle of pills			
		Injectable contraceptive Depo-Provera (DMPA (IM))	Health center	Not applicable for those who are trained CBDs; other CHVs refer to health center			
		Implants	Health center	Health center			
		IUDs	Health center	Health center			
		Permanent methods	Hospital	Hospital			
		Emergency contraception	Not applicable	Health center			
33	Are CHWs linked to other community outreach programs?	CHWs work with national campaigns to increase community knowledge of certain health issues. For example, CHWs provide mobilization for World AIDS Day.					
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Formal CHWs share knowledge with each other and supervisors during monthly supervision visits. Knowledge sharing among Informal CHVs is unknown.					
35	What links exist to other institutions (schools, churches, associations, etc.)?		ed by the professional regulatory body, and acco be registered with the General Nursing Council				

36	Do vertical programs have separate CHWs or "share/integrated"?	The NCHWP is an integrated program, and thus Formal CHWs provide integrated health services. However, NGOs have various vertical programs and Informal CHVs may provide vertical services.
37	Do they have data collection/reporting systems?	Generally, monthly reports are submitted to the health centers. Standard MOH CHW registers and reporting formats are fed into the district and national HMIS system.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The program is financed through the MOH and MCDMCH budget and donor funding (for Informal CHVs, including CBDs, working through partner NGOs).
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	Formal CHWs obtain commodities from the health centers were they are affiliated. Information is unavailable for Informal CHVs.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Both Formal CHWs and Informal CHVs take health waste to the local health centers for disposal by professional health workers. They are supplied with bins and sharp boxes that are disposed of at the health facility.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? Please provide a link if available online.	Yes, the National Community Health Worker Strategy, published in 2010, is the community health policy in Zambia.
42	Is the community health policy integrated within overall health policy?	Yes, the strategy is incorporated into the National Health Strategic Plan 2011-2015.
43	When was the last time the community health policy was updated? (months/years?)	The CHW Strategy was last updated in 2010. The guidelines and protocols for the distribution of family planning services were last updated in 2006.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The NCHWP is implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the policy provides an outline of service provision for Formal CHWs.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	The National Family Planning Guidelines and Protocols 2006 dictate that Formal CHWs can distribute condoms, oral pills, and emergency contraception. Additionally, the guidelines state that CHVs trained by NGOs as CBDs can provide injectable contraceptives in the community.

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO ZAMBIA COMMUNITY HEALTH SERVICE PROVISION

Intervention		١	Formal Community Health Workers				Informal Community Health Volunteers			
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral	
	SDM/FAM	х	Х	Х		Х	х	х		
	Condoms	х	х	х		х	х	х		
	Oral pills	×	×	×	×	×	×	×		
	DMPA (IM)	×	×		×	×	×	×		
	Implants	×	×		х	×	х		×	
	IUDs	х	X		Х	х	Х		Х	
	Permanent methods	×	×		×	×	×		X	
	Emergency contraception	×	×	×		×	×		Х	
HIV/AIDS	Voluntary counseling and testing (VCT)									
	Prevention of mother-to-child transmission (of HIV) (PMTCT)									

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)							
	Zinc	X		Х				
	ORS	х		Х				
	Immunizations							
Malaria	Bed nets							
	Indoor residual spraying (IRS)							
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria) (SP)	X		х				
Tuberculosis	Case detection	×	х					
	DOTS					×	×	
	TB case management					Х	×	

ADVANCING PARTNERS & COMMUNITIES JSI RESEARCH & TRAINING INSTITUTE

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Web: advancingpartners.org